U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Control	
	JUN272005	1
E	CAS DROP	/

1. File Number U - 2360

3. Name and address of person filing.

Name Richard

000-132

A Bailey

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

6 / 16 / 2004 Through: 6 / 15 / 2005

4. Name, file number, and address of labor organization.

Name Operative Plasterers&Cement Masons

	Labor Organization File Number	1000-132	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any #300		
Street 2951 Wexford Blvd	Street 14405 Laurel Pl	ace	
City Stow	City Laurel		
State Ohio ZIP Code + 4 44224	State Maryland	ZIP Code + 4 20707	
i. Position in labor organization. International Union Repr	resentative		
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in t	our spouse or minor child directly or indire the exclusions set forth in the instructions):	ctly had any of the following interests	
A. Held an interest in, engaged in transactions (including loans) we nonetary value from an employer whose employees your org .			
. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction	n, or Income.	
Name None	None		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
	None		
City			
State ZIP Code + 4			
	Signature A.T. Bask		
	nalty of Perjury and other applicable penalti companying documents), has been examine e the section on penalties in the instructions	d by the signatory and is, to the best of the	

1/ 22/

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization P.O. Box, Bldg., Room No., if any No. Trade Name, if any: b. Trust c. Employer City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Nove Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 NONC NONC 12.b. Amount.

 Name and address of Employer or (including trade name, if any). 	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:	1000	NONC
P.O. Box, Bldg., Room No., if any	100	1001
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.